

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6740

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 0

3. (a) PRINT FULL NAME Margaret Huels

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jules Huels 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 1, 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Michael Moss
13. Birthplace Jefferson Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ida McDaniel
15. Birthplace Franklin Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jules Huels
(b) Address 3725 Blow St.

17. (a) Burial (b) Date thereof 8-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary, Franklin Co.
Southern Funeral Home

18. (a) Signature of funeral director 6322 S. Grand Blvd.
(b) Address Aug 19 1941

19. (a) Aug 19 1941 (b) J. T. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3725 Blow St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
year 1941 hour 1 a.m. minute 0 M.

21. I hereby certify that I attended the deceased from 8/17/41 to 8/17/41
that I last saw her alive on 8/17/41
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 2 hrs.

Due to 1440

Due to 72.3 months

Other conditions Ch. nephritis Eclampsia
(Include pregnancy within 3 months of death)

Major findings: 1440
Of operations 1440

Of autopsy Pulmonary edema
autopsy done Luthern Hospital.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature John Simpson (M.D. or other) W.D.
Address 3739 Grand Date 8/18/41

Dr. Edwin Simpson
3739 Gravois LA 4088
Home LA 0212

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Virgil L. Berryman

Licensed Embalmer No. *74018*

P. O. Address.....

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.